FILED
Aug 30, 2007 8:00 am
Secretary of State

07-27-2007 90020 039 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/

DOCUMENT # L06000097421

1. Entity Name
SALON D' ELEGANCE, LLC

30012580

Principal Place of Business	Mailing Address
1153 MALABAR ROAD UNIT 13 PALM BAY, FL 32907	1153 MALABAR ROAD UNIT 13 PALM BAY, FL 32907
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5641887 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~CBC TAXES, LLC~~ ~~1885 CANOVA ST~~ #2 PALM ~~BAY, FL~~ 32909 CHANGED TO →	Name: CANDY GRAHAM ACCOUNTING Street Address (P.O. Box Number is Not Acceptable): 7610 EMERALD DRIVE City: W. MELBOURNE FL Zip Code 32904

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 7/14/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RHODEN, BRENDA J 1575 DOZIER CIR SE PALM BAY, FL 32909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TINGLE, BEVERLEY E 587 OLNEY ST NW PALM BAY, FL 32909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] BRENDA J RHODEN 7/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

[signature] BEVERLEY TINGLE 321-724-2134
7/14/07 321-749-0711